Release of Liability, Waiver and Assumption of Risk

PLEASE READ CAREFULLY. BY SIGNING THIS DOCUMENT YOU GIVE UP CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE.

Business name (the Provider)

Participant's full name

Phone

Emergency contact name

Emergency contact phone

1. Activities and risks

I want to take part in fitness training, classes, use of equipment and related activities offered by the Provider (the Activities). I understand the Activities involve risks, including muscle strain, sprains, fractures, heart problems, falls, and injuries caused by equipment, other participants or my own actions, and that these can lead to serious injury or death.

2. Health

I confirm that I am physically able to take part, that I have told the Provider about any medical condition, injury or medication that could affect me, and that I will stop and tell staff if I feel unwell. The Provider recommends consulting a doctor before starting a new exercise program.

Medical conditions, injuries or medications the Provider should know about (or none)

3. Assumption of risk and release

I freely accept and assume all risks of the Activities. To the fullest extent permitted by law, I release and waive all claims against the Provider and its owners, staff, trainers and contractors for any injury, loss or damage arising from my participation, INCLUDING CLAIMS CAUSED BY THEIR NEGLIGENCE, except where the law does not allow such a release.

4. General

This waiver is governed by the laws of Ontario and binds my heirs and estate. If any part is found unenforceable, the rest still applies. I confirm I am at least 18 years old, have read and understood this document, and sign it voluntarily. Electronic signatures are binding.

Participant

Signature

Full name

Date